

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3662HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2009
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3882 CHUTNEY STREET LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted at your facility on 03/20/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two (2) resident. The following regulatory deficiencies were identified.	H 000			
H 019	Director Duties-No FA/CPR NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present. This Regulation is not met as evidenced by: Based on observation, staff interview, and record review on 03/20/09, the facility failed to ensure that the caregiver was on the premises of the	H 019	H 019 Director Duties-No FA/CPR 1. It is the director's responsibility to ensure that a care giver is on the premises at all times. 2. The owner had to go to a seminar for training. She asked her sister, _____, to stay with the residents while she was out. 3. _____ had changed a brief of one of the residents and got feces on her clothes. 4. _____ called her sister at Chutney Retirement home located at 3881 Chutney across the street from Compassionate Care and asked her to come over because she needed to change her clothes. 5. _____ resides at Chutney Place, a home for individual care		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Emedita Pan'om

(X6) DATE

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H 019	<p>Continued From page 1</p> <p>home at all times when a resident is present, and that evidence of training for the caregivers in first aid and cardiopulmonary resuscitation was available.</p> <p>Findings include:</p> <p>Observation:</p> <p>When the surveyor arrived at the facility at 2:30 PM there was no answer at the door. After several minutes of knocking, a person who stated that she was the owner/caregiver's sister, came from across the street and allowed the surveyor into the home. Interview with the sister indicated that the caregiver was at a "workshop".</p> <p>Two residents were in the home. Resident #1 appeared confused, was ambulatory, and per documentation on her file had a history of wandering away from the residence.</p> <p>Resident #2 was sleeping and according to the sister, bed bound and a hospice patient.</p> <p>Approximately 45 minutes after the surveyor arrived employee #1 returned to the facility.</p> <p>Interview:</p> <p>Interview with Employee #1 indicated that she had asked her sister to stay with the residents while she was away.</p> <p>The facility failed to ensure at least one (1) caregiver was on the premises of the facility when one (1) or more residents were present.</p> <p>Record Review:</p>	H 019	<p>located next door at 3874. Chutney.</p> <p>6. When next door to 3874 Chutney to change her clothes. thought that her sister was coming right then to watch the two residents.</p> <p>7. After the interview with the surveyor all the sisters now understand that if they need to leave the must wait for the reliever to actually appear before they can go next door or across the street.</p> <p>8. The sisters informed the Director and now every one understands the protocol.</p> <p>9. This deficiency was corrected on March 20, 2009.</p>	

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H 019	Continued From page 2 The facility failed to provide evidence that Employee #1 and Employee #2 had CPR and First Aid training.	H 019		
H 055	Tuberculosis-Residents NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis	H 055	H055 tuberculosis-Residents 1. All residents have the potential to be affected by this deficiency. However, none of the residents tested positive for T.B. 2. Within 5 days of admitting a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, the facility will ensure that the person has a Mantoux tuberculin skin test. 3. If the person has no documented history of a two-step Mantoux tuberculin skin test, and has not had a single Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a two-step Mantoux tuberculin	

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H 055	<p>Continued From page 3</p> <p>screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of</p>	H 055	<p>skin test. After a person has had a two-step Mantoux tuberculin skin test, the facility shall ensure that the person has a single Mantoux tuberculin skin test, annually, thereafter. A person with a documented history of a positive Mantoux tuberculin skin test is exempt from skin testing and routine annual chest radiographs. But the staff of the facility shall ensure that the person is evaluated, at least annually, for the presence or absence of symptoms of tuberculosis.</p> <p>4. The Director has developed a checklist to ensure that the test and correct documentation has been completed and is in the resident's facility file. See Attachment #1</p>		

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H 055	<p>Continued From page 4</p> <p>subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p> <p>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease</p>	H 055	<p>5. The checklist will be used when a resident is admitted, and then twice a year, at the beginning and the end of daylight savings time.</p> <p>6. The Director is responsible for conducting the resident file review.</p> <p>7. This deficiency was completed April 10, 2009</p>		

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H 055	<p>Continued From page 5</p> <p>Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>This Regulation is not met as evidenced by: Based on record review on 03/20/09, the facility failed to ensure that 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2).</p> <p>Findings include:</p> <p>Record Review:</p> <p>The facility failed to ensure that Resident #2, admit date 10/12/08, had a two-step tuberculin skin test within the 12 months preceding admission.</p>	H 055		

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